U.S. Army NAF Employee 401(k) Savings Plan Summit Center Benefits Office 4700 King Street, 3rd Floor Alexandria, VA 22302

CERTIFICATION SIGNATURE

ROLLOVER CONTRIBUTION FORM

Please complete this form if you would like to complete a rollover into your employer's plan. PLEASE SEE THE REVERSE SIDE FOR ROLLOVER INSTRUCTIONS. To qualify for a Rollover Account, you must meet the following IRS requirements:

- The source of the monies must be a qualified retirement plan sponsored by your previous employer(s) or a rollover IRA.
- If the check was made payable to you, the rollover must take place within 60 days of the day you receive the distribution.

 Only "pre-tax" monies fro company's retirement plan 	om a qualified plan or conduit (rollover) IRA 1.	are eligible for rollover. Distributions	from a 403(b) or 457 Plan are n	ot eligible for rollover in your
Employee Information The following section must be e	entirely completed to ensure that your accou	nt is properly set up.		
Social Security #:		Phone (day):	Phone (evening):	
Participant Name:		· · · · · · · · · · · · · · · · · · ·		
Tarticipant Name.	Last	First	Middle Initial	
	Hire Date://	Birth Date:	/ /	
Participant Address:				
	Street			
	City	State	Zip	
Rollover Contribution I	Information			
 a.	ting Company PLAN, f.b.o. (your name) ar istribution from a prior employer's qualified stribution from a qualified retirement plan with the distribution.	retirement plan as a direct rollover which was paid directly to me. <i>Note:</i> A	f the following: rollover contribution must be re	eceived by Fidelity within 60
("conduit IRA"). Your rol your distribution is from a <i>Investment Elections</i> I choose to invest my rollover c	rollover Individual Retirement Account wh lover check must be either from the distribution qualified retirement plan or a conduit IRA ontribution as follows: Please refer to your toption. The TOTAL of all investment option.	ting trustee or custodian. The Plan Ad	ministrator reserves the right to	require sufficient evidence that
	FUND NAME	FUND#		PERCENTAGE
Fidelity Retirement Money M		0630		%
Fidelity U.S. Bond Index Fund		0651		%
Fidelity Growth & Income Po		0027		%
Fidelity Growth Company Fur		0025		%
Spartan® U.S. Equity Index Fu	ınd	0650		% %
Fidelity Overseas Fund* Fidelity Asset Manager SM		0314		%
Dodge and Cox Stock		OMAW		9/0
T. Rowe Price		OFTH		%
Total				100 %
equal to 1.00% of the value of the Each of the investment options about investment options in the calling Fidelity at 1-800-835-5 on its system for a rollover continuous contin	rading fee". If you sell your shares after ho he fund. has a distinct investment objective. Be sure Plan, such as fees, a description of the risks 093. Note: Any investment election chosen ribution. The investment options available check will be returned to you and may jeopa	to read the mutual fund prospectus bef , and other related information please r on this form will take precedence over in your employer's Plan are determined	ore choosing your investment op read the mutual fund prospectus r any investment election that Fi d by the Plan Sponsor. If your in	tions. For more information which may be obtained by delity Investments may have vestment elections do not
of such distribution. Participant Signature	the Plan's eligibility requirements before be		·	
	ings and appreciation from my previous emby certify that the information on this form		once invested will be subject to t	he terms that govern my
PARTICIPANT SIGNA	TURE		<i>DATE</i>	
Certification Signature	(to be signed by a representative of	of the distributing plan admin	istrator or Conduit IRA c	ustodian)
To Plan Administrator or Con	nduit IRA custodian: By signing this sect etirement plan or conduit IRA.			

DATE

ROLLOVER INSTRUCTIONS

A rollover into the Plan is a two step process. Please follow these instructions to ensure that your rollover is completed in a timely and accurate manner. Failure to follow these instructions may result in a delay in the processing of your request and jeopardize your ability to rollover your distribution.



- Request a distribution from your previous employer's plan or conduit IRA. If you do not request a direct rollover, hen 20% of your taxable distribution will be withheld for federal income tax withholding.
- You must obtain a "certification signature" indicating proof that your distribution is eligible for a rollover to a qualified retirement plan. If a "certification letter" is obtained instead of a signature on this form, please attach it with the rollover contribution form.

If your distribution is from another employer's Qualified Retirement Plan then you must either:

- Have the Qualified Plan's Administrator complete the CERTIFICATION OR
- Attach a letter from your prior employer's Plan Administrator on Company letterhead stating that the plan is qualified under section 401(a) of the Internal Revenue Code

OR

If your distribution is from a Conduit Individual Retirement Account (IRA) then you must either:

- Have the distributing custodian complete the CERTIFICATION OR
- Attach a letter from the distributing Conduit IRA trustee on Company letterhead stating that the Conduit IRA only included rollover contribution(s) from a qualified plan(s) and earnings thereon.
- Check must be from the distributing trustee or custodian, or a cashier's or certified check. Personal checks will not be accepted.
- Fidelity does not accept wire transfer of funds. You must request a check from your previous plan or conduit IRA.
- The distribution check should be made payable to: Fidelity Investments Institutional Operating Company f.b.o. (your name).
- The check should be mailed directly to you. Once you have received the check, please follow the directions for Step 2.

THEN

- Once you receive the check from your previous employer or conduit IRA, please complete the reverse side of this application.
- Mail the check, rollover application and supporting documentation to:

Army NAF 401(k) Savings Plan The Summit Center Benefits Office, ATTN: Susan Mondello

- 4700 King Street, 3rd Floor Alexandria, VA 22302
- Use the "Investment Elections" section on the reverse side of this form to select the investment options into which you elect to invest your rollover contribution. You may choose as many investment options as you wish from the options in the Plan. The quantity and selection of available investment options are determined by the Plan Sponsor. Indicate a percentage for each investment option chosen. The percentage must be in whole numbers and total 100%. If your investment elections do not total 100%, the form and the check will be returned to you.
- PLEASE INCLUDE ALL OF THE INFORMATION REQUESTED. INCOMPLETE FORMS WILL BE RETURNED AND MAY JEOPARDIZE YOUR ABILITY TO ROLL OVER YOUR DISTRIBUTION.
- To establish your beneficiary information for this account, please complete a Beneficiary Designation Form available through your benefits office.



Fidelity Investments Institutional Services Company, Inc., 82 Devonshire Street, Boston, MA 02109